

Abbott Northwestern Hospital:  
 Patients Leaving Nursing Care Floor  
**Excludes** Mental Health and Courage Kenny Rehab Program  
 Reference #:

Origination Date: 8/2018  
 Effective Date: 1/2019  
 Revision Date:  
 Next Review Date: 1/2022

**Approved By:**

Patient Care Executive Council - Approved 10/4/2018  
 Patient Safety Quality Committee (PSQC) - Approved 11/16/2018  
 Medical Executive Committee - Approved 11/21/2018

**ANW Policy Owner: Risk Management**

**ANW Information Resource:**

Stakeholder Groups
Nursing
Medical Staff
Billing
Risk Management

**SCOPE: Applicable to:**

Departments, Divisions, Operational Areas	People
Hospital-wide (excludes Mental Health Units)	Patients, visitors, employees, and medical staff.

**POLICY STATEMENT:**

Patients present/are admitted to the hospital for medical assessment and treatment and are expected to participate in their plan of care. This participation includes remaining on their assigned nursing care floor/emergency department unless their attending provider has determined the patient treatment plan includes time off the floor.

Patients may leave the floor for reasons related to their care, including medical tests or procedures, and for visits by postpartum patients to their infants in the Neonatal Intensive Care Unit (NICU) and/or Special Care Nursery (SCN). In some circumstances, a staff escort may be required for infant visits.

In the rare circumstance that a patient is permitted to leave their assigned nursing care floor for reasons other than medical tests/procedures, a provider order must be in place. Abbott Northwestern is a tobacco free campus, therefore patients will not be granted an order to leave the nursing care floor for the purpose of using tobacco.

Patients who leave their assigned nursing care floor without a provider order may be discharged. Patients returning after discharge will be required to present to the Emergency Department or the Maternal Assessment Center for assessment and possible readmission.

**PROCEDURE:**

**Admission Expectations:**

<p><b>Provider &amp; RN</b></p>	<ul style="list-style-type: none"> <li>• During admission process, patient will be informed of Patients Leaving Nursing Care Floor policy by medical provider and nursing. <b>(Attachment A)</b></li> <li>• Reinforce requirements throughout hospital stay as needed.</li> <li>• If patients do not comply with policy, they will be counseled one additional time on expectations. Document details of discussion in medical record.</li> <li>• If their behavior continues, provider should consider patient discharge.             <ul style="list-style-type: none"> <li>○ Document description of patient behavior and communications with patient.</li> </ul> </li> </ul>
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**If determined by provider that patient may leave nursing care floor or Emergency Department:**

<p><b>Provider</b></p>	<p><b>Prior to patient leaving the floor/emergency department:</b></p> <ul style="list-style-type: none"> <li>• Consider input from the care team regarding patient status, such as:             <ul style="list-style-type: none"> <li>○ Patient assessment</li> <li>○ Medications (i.e. opioids, chemo, IV medications)</li> <li>○ IV access</li> <li>○ Mental health status</li> <li>○ Fall risk</li> </ul> </li> <li>• Provider to enter order for specific parameters. Order to include the following:             <ul style="list-style-type: none"> <li>○ Duration of time off floor (no longer than one hour).</li> <li>○ Limitations &amp; conditions for time off nursing floor.</li> </ul> </li> <li>• Discuss details of off floor/outside emergency department order with patient including discharge if patient does not follow specified parameters.</li> <li>• Staff will not accompany patients off floor/outside emergency department.</li> </ul> <p><b>If patient does not return:</b></p> <ul style="list-style-type: none"> <li>• Follow patient discharge procedure.</li> <li>• Document description of patient behavior and communications with patient.</li> <li>• Consult with risk manager (or risk manager on call) for questions regarding process and documentation as needed.</li> </ul>
<p><b>RN</b></p>	<p><b>Prior to patient leaving floor/emergency department:</b></p> <ul style="list-style-type: none"> <li>• Ensure patient/family aware of parameters for time off nursing floor/outside of emergency department.</li> <li>• Patient to let staff know when they are leaving and returning.</li> <li>• Determine communication plan between patient and nursing staff (i.e. patient to have unit phone number and nurse to have patient cell phone number).</li> <li>• Patient return time and contact number to be listed on care board.</li> </ul> <p><b>If patient does not return:</b></p> <ul style="list-style-type: none"> <li>• Call patient contact number if they do not return within identified time frame.</li> <li>• Instruct patient to return immediately, and pending discharge if they do not.</li> <li>• Update provider if patient does not return within specified time frame.</li> <li>• Document details in progress notes.</li> <li>• Remove patient belongings from room and store in designated unit lost &amp; found area. Follow unit patient notification process for belonging retrieval.</li> </ul>

**For patients who return to nursing floor after discharge:**

<p><b>RN</b></p>	<ul style="list-style-type: none"> <li>• If patient has IV access, this should be removed.</li> <li>• If patient feels they still need hospitalization, inform them they will need to go to the Emergency Department or Maternal Assessment Center.</li> <li>• Update physician as needed.</li> <li>• Consult risk manager (or risk manager on call) for support as needed.</li> <li>• If patient becomes disruptive, call security (3-5416) for assistance.</li> </ul>
<p><b>Provider</b></p>	<ul style="list-style-type: none"> <li>• Reinforce discharge per policy if needed.</li> </ul>

**Patients presenting to Emergency Department/Maternal Assessment Center after discharge:**

<b>Provider &amp; RN</b>	<ul style="list-style-type: none"> <li>• Arrive patient as new patient.</li> <li>• Triage, assess, and treat as a new patient.</li> <li>• Contact last attending provider for additional information and possible readmission as needed.</li> </ul>
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**For patients who use tobacco:**

<b>RN</b>	<ul style="list-style-type: none"> <li>• Offer patient nursing consult for tobacco cessation.</li> <li>• Initiate tobacco cessation consult as needed.</li> <li>• Consider anti-anxiety interventions.</li> </ul>
<b>Provider</b>	<ul style="list-style-type: none"> <li>• Present smoking cessation options to use while in our care.</li> <li>• Implement MED Nicotine Replacement/Tobacco Cessation Order Set (#30232) as appropriate.</li> <li>• Consider pharmacological anti-anxiety interventions.</li> </ul>

**FORMS:** (optional) [LINK](#)

**ALGORITHM:** (optional) [LINK](#)

**ADDENDUMS:** Admitted Patient Stay Requirements ([LINK](#))

**FAQs:** (optional) [LINK](#)

**REFERENCES:**

<https://acphospitalist.org/archives/2018/02/when-patients-wander.htm>

<https://psnet.ahrq.gov/webmm/case/326/wandering-off-the-floors-safety-and-security-risks-of-patient-wandering>

**Related Regulation and Laws:**

**Alternate Search Terms:**

Related Documents	Content ID
Unique Treatment Plan Policy	
Tobacco Free Campus Policy	
Visitor Policy	
Hold Policy	

**Policies Replacing:** N/A